

City of Woodstock
2016 Massage Therapy Establishment Renewal Form
Due January 1, 2017

12453 Highway 92
Woodstock, GA 30188
Phone 770.592.6054 **Fax** 678.388.6368 **Email** businesslicense@woodstockga.gov

A separate Occupational Tax License Renewal Application is due in addition to this form

Fee Due: \$25

Business Name: _____

Applicant Name: _____

Address: _____

Day Phone: _____ Evening Phone: _____

HOURS OF OPERATION _____

Definition of services to be provided: _____

LICENSEE INFORMATION

☐ List all criminal convictions other than misdemeanor traffic violations, including the dates of the convictions, nature of the crimes and place convicted: _____

☐ The applicant must complete a consent form authorizing the City, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in the application and the qualifications of the applicant for the permit.

I hereby give authority for the city, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in the application and the qualifications of the applicant for the permit. I further acknowledge having received, read and committed to comply with the City of Woodstock Massage Therapy Ordinance.

Applicant Signature

Date

CITY OF WOODSTOCK

12453 HWY 92

Woodstock, Georgia 30188

(770) 592-6005

REQUEST FOR CRIMINAL HISTORY

CONSENT FORM*Please Duplicate As Needed and Provide**Photo ID With Each Form*

Purpose of Request:

Type of Information Requested:

Massage Therapy Establishment License

Criminal History

I hereby authorize the City of Woodstock, Georgia to receive any criminal and/or driver history pertaining to me which may be in the files of any state, federal or local criminal justice agency. PLEASE TYPE/PRINT

Last Name First Name Middle Name Maiden

Street Address Apartment Number

City State Zip County

Sex Race Height Weight Eyes Hair

Date of Birth Place of Birth Social Security Number

Drivers License Number State Expiration Date

Signature Date

Notary Public:

My Commission Expires: _____

OFFICE USE ONLY

MESSAGE RENEWAL FOR: _____

ADDRESS: _____

Application received _____

Amount paid \$ _____

☐ Money Order # _____ ☐ Check # _____ ☐ CC approval # _____

CONSENT FORM(S) ATTACHED ☐ YES ☐ NO

_____ ☐ Requirements met ☐ Recommend denial
Development Services / Date

Comments _____

_____ ☐ Requirements met ☐ Recommend denial
Records Clerk / Date

Comments _____

_____ ☐ Requirements met ☐ Recommend denial
Detective / Date

Comments _____

Please Return to *Development Services*